

HOUSE RESEARCH

Bill Summary

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Overview

This bill makes policy changes to various statutes governing the Health Department's regulation of various health occupations and the state Administrative Simplification Act.

Sections 2 to 8 amend provisions related to the Administrative Simplification Act to require a uniform remittance advice report and a uniform explanation of benefits document for health care providers and patients.

Sections 1, 9 to 21, 62 and 65 establish an office of unlicensed complementary and alternative health care practice, to be housed at the Health Department. This office will investigate complaints against unlicensed complementary and alternative health care practitioners, discipline practitioners, and serve as a clearinghouse for information on complementary and alternative health care practices.

Sections 22 to 31 make changes to the regulation of speech-language pathologists and audiologists. Sections 32 to 35 amend provisions on the regulation of unlicensed mental health practitioners. Sections 36 to 50 and 66 modify sections on the regulation of alcohol and drug counselors. Sections 51 to 61 make changes to provisions regulating hearing instrument dispensers. Sections 63 and 64 make other changes. Section 67 provides effective dates.

- 1 **Unlicensed complementary and alternative health care practitioners and clients.** Adds subd. 42c to § 13.99. Adds a cross-reference in the Government Data Practices Act to data classified in chapter 146A.
- 2 **Uniform explanation of benefits document.** Adds subd. 19a to § 62J.51. Defines "uniform explanation of benefits document."
- 3 **Uniform remittance advice report.** Adds subd. 19b to § 62J.51. Defines "uniform remittance

advice report."

- 4 **Uniform billing form HCFA 1450.** Amends § 62J.52, subd. 1. Requires institutional and noninstitutional home health services that are not billed using an electronic billing format to be billed using the uniform billing form HCFA 1450.

Also adds, to the list of services to be billed using the uniform billing form HCFA 1450, waived services and home health services such as home health intravenous therapy providers, waived services, personal care attendants, and hospice services (under current law, these services are billed using the uniform billing form HCFA 1500).

- 5 **Uniform billing form HCFA 1500.** Amends § 62J.52, subd. 2. Strikes, from the list of services billed using the uniform billing form HCFA 1500, home health intravenous therapy services, services from personal care attendants, waived services, hospice, and other home health services (section 3 of the amendment requires these services to be billed using the HCFA 1450 form).

- 6 **State and federal health care programs.** Amends § 62J.52, subd. 5. A new paragraph (e) requires personal care attendant and waived services billed fee-for-service to programs administered by DHS to either the HCFA 1450 form or 1500 form, as designated by DHS. Strikes language authorizing state and federal health care programs administered by DHS to use forms designated by DHS for child and teen checkup services.

- 7 **Standards for Minnesota uniform health care reimbursement documents.** Adds § 62J.581. Requires uniform remittance advice reports and uniform explanation of benefits documents to be provided to health care providers and health care patients when claims are adjudicated, and specifies the forms of these documents. These documents must be used for all health care services provided in Minnesota, except services not paid on an individual claims basis.

Subds. 1 and 2. Minnesota uniform remittance advice report, Minnesota uniform explanation of benefits document. Requires all group purchasers and payers to provide uniform remittance advice reports to health care providers when claims are adjudicated, and requires health care patients to receive uniform explanation of benefits documents when claims are adjudicated.

Subd. 3. Scope. Provides that the formats of the uniform remittance advice report and the uniform explanation of benefits document apply to all health care services provided in Minnesota, regardless of the location of the payer, except that services not paid for on an individual claims basis are not included.

Subd. 4. Specifications. Establishes specifications for the uniform remittance advice report and the uniform explanation of benefits document. Requires the commissioner to consult with the administrative uniformity committee, and then to specify the data elements and definitions for these two documents. Requires the commissioner and the administrative uniformity committee to consult with the Minnesota Dental Association and Delta Dental Plan before requiring uniform documents for reporting dental care services.

Subd. 5. Effective date. Requires these uniform reports and documents to be used beginning 12 months after the standards for the electronic remittance advice transaction become effective under the federal Health Insurance Portability and Accountability Act.(HIPAA).

- 8 **Minnesota health care identification card.** Amends § 62J.60, subd. 1. Exempts certain types of health insurance coverage from the requirement that all individuals with health insurance coverage be issued health insurance identification cards.

- 9 **Definitions.** Adds § 146A.01. In subdivisions 1 to 6, defines the following terms: commissioner, complementary and alternative health care client, complementary and alternative health care practices, office of unlicensed complementary and alternative health care practice or office, and

unlicensed complementary and alternative health care practitioner.

Subdivisions 4 and 6 of this section provide the following definitions:

Subd. 4. Complementary and alternative health care practices. Means a broad domain of complementary and alternative healing methods and treatments, and includes but is not limited to a list of 22 practices. Also specifies what practices are not included in this definition: surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, puncturing the skin, setting fractures, dentistry, the use of medical devices, the manipulation or adjustment of joints or the spine, exclusive use of mental or spiritual means or prayer for healing, and distribution of food products and dietary supplements.

Subd. 6. Unlicensed complementary and alternative health care practitioner. (a) Means a person who (1) either: is not licensed or registered by a board or the commissioner of health; or except for physicians, dentists, chiropractors, and podiatrists, is someone who is licensed or registered but does not hold oneself out as such when engaging in complementary and alternative health care; (2) has not had a license or registration revoked or has not been disciplined in any way, unless the right to practice has been established by the commissioner of health; (3) is engaging in complementary and alternative health care practices; and (4) is providing this care for remuneration or is holding oneself out to the public as a practitioner.

(b) A person who is licensed or registered who engages in complementary and alternative health care under their license or registration remains under the jurisdiction of the applicable board.

- 10 **Office of unlicensed complementary and alternative health care practice.** Adds § 146A.02. Creates the office within the health department and specifies its duties, including investigating complaints against unlicensed complementary and alternative health care practitioners, disciplining them, and providing information on complementary and alternative health care practices. Also directs the commissioner of health to adopt rules needed to create and operate the office.
- 11 **Maltreatment of minors.** Adds § 146A.025. Specifies that this chapter does not restrict the ability to take action regarding the maltreatment of minors. States that a parent who obtains complementary and alternative health care for a child is not relieved of the duty to seek necessary medical care. Requires a practitioner providing services to a child who is not receiving necessary medical care to report maltreatment of the child, and makes a practitioner a mandated reporter of child neglect or physical or sexual abuse.
- 12 **Reporting obligations.** Adds § 146A.03. Lists the people and entities permitted or required to report certain conduct by unlicensed complementary and alternative health care practitioners to the office of unlicensed complementary and alternative health care practice.
- Subd. 1. Permission to report.** Allows any person to report to the office any conduct that constitutes grounds for disciplinary action under this chapter.
- Subd. 2. Institutions.** Requires governmental entities and health care institutions to report (1) any action it takes regarding the practitioner's privilege to practice or to treat clients in the institution; and (2) if a practitioner resigns before charges are filed or an investigation is completed regarding possible grounds for disciplinary action.
- Subd. 3. Professional societies.** Requires any professional society for practitioners to report (1) any disciplinary action taken against the practitioner's membership; and (2) any complaints received that might be grounds for discipline.
- Subd. 4. Licensed professionals.** Requires licensed health care professionals to report any conduct that the professional reasonably believes constitutes grounds for disciplinary action.
- Subd. 5. Insurers.** Requires insurers who provide professional liability insurance to

practitioners, four times a year, to submit a report to the office on practitioners against whom malpractice settlements or awards have been made.

Subd. 6. Courts. Requires court administrators to report to the office any determination made by the court in which a practitioner is found mentally ill, mentally incompetent, or guilty of certain crimes; is civilly committed; or in which a guardian is appointed for the practitioner.

Subd. 7. Self-reporting. Requires practitioners to report to the office (1) any information that is required to be reported under subdivisions 2 to 5; (2) any disciplinary action against the practitioner's right to practice in another state; and (3) the filing of charges against the practitioner's right to practice in another state.

Subd. 8. Deadlines; forms. States that required reports must be filed within 30 days of learning of the reportable event, and permits the office to provide reporting forms and to require that reports be submitted on forms provided.

13 **Immunity.** Adds § 146A.04. Grants immunity from civil liability and criminal prosecution to any person who reports violations of this chapter, cooperates with an investigation, conducts an investigation, or prepares and manages charges. Specifies that an unlicensed practitioner on whom violations or alleged violations of this chapter are reported is not immune from liability or prosecution for submitting a report to the office. Permits a civil suit and damages for knowing or reckless false reports.

14 **Disciplinary record on judicial review.** Adds § 146A.05. Directs a court reviewing a disciplinary action taken under this chapter to seal data on a client or a complainant.

15 **Professional cooperation; unlicensed practitioner.** Adds § 146A.06. Establishes requirements for practitioner cooperation with the office during investigations, classifies data, and directs the office to establish internal operating procedures.

Subd. 1. Cooperation. Requires a practitioner who is the subject of an investigation or questioned regarding an investigation to cooperate with an investigation by the office, and specifies procedures to protect patient privacy during investigations. Specifies what constitutes cooperation by the practitioner. Allows the commissioner to compel testimony or the production of evidence if the practitioner refuses to provide it.

Subd. 2. Classification of data. Classifies all records obtained as part of an investigation as public data, except for data on clients, complainants, and unsubstantiated complaints, which are private.

Subd. 3. Exchanging information. Requires the office to establish internal operating procedures for exchanging information and coordinating investigations with other agencies and states. Directs the office to forward complaints to other agencies if the complaints are within the jurisdiction of the other agency. Requires the office to give all people who file complaints descriptions of the actions taken by the office relating to the complaints.

16 **Professional accountability.** Adds § 146A.07. Requires the office to keep a current file on reports and complaints filed against practitioners, requires all complaints to be investigated, and allows the commissioner to authorize an investigation based on a report from an insurer that a malpractice settlement or award was made.

17 **Prohibited conduct.** Adds § 146A.08. Lists grounds for disciplinary action. Allows certain records to be entered into evidence without further authentication, and allows the commissioner to order a practitioner to submit to a mental or physical examination and obtain medical data.

Subd. 1. Prohibited conduct. Lists conduct for which the commissioner may discipline a practitioner.

Subd. 2. Less customary approach. States that the fact that a complementary and alternative health care practice may be a less customary approach to health care shall not constitute the

basis of a disciplinary action per se.

Subd. 3. Evidence. Specifies that in certain disciplinary actions, a copy of a judgment or proceeding sealed by the court administrator or administrative agency that entered the judgment is admissible as evidence without further authentication, and is prima facie evidence of its contents.

Subd. 4. Examination; access to medical data. Specifies the circumstances under which the commissioner can order a practitioner to submit to a mental or physical examination or chemical dependency evaluation, or obtain medical data and health records on the practitioner. A failure to submit to an examination constitutes an admission to the ground for disciplinary action alleged. Gives affected practitioners the opportunity, on a periodic basis, to demonstrate that practice can be resumed with reasonable safety to clients.

18 **Disciplinary actions.** Adds § 146A.09. Lists disciplinary actions the commissioner may take. Requires notice of a right to a hearing before discipline is imposed. Allows the commissioner to reinstate or temporarily suspend the right to practice, and automatically suspends that right in certain cases.

Subd. 1. Forms of disciplinary action. Lists the types of disciplinary action the commissioner may impose on a practitioner.

Subd. 2. Discovery; subpoenas. Allows the commissioner to conduct discovery and issue subpoenas to investigate conduct that may constitute grounds for disciplinary action.

Subd. 3. Hearings. Before disciplining a practitioner, requires the commissioner to notify the practitioner that the practitioner has the right to request a hearing according to the provisions of chapter 14. Allows the commissioner to discipline a practitioner without a hearing if the practitioner does not request one within 30 days of service of the notice.

Subd. 4. Reinstatement. Allows the commissioner to reinstate a practitioner's right to practice and impose any discipline, at the commissioner's discretion.

Subd. 5. Temporary suspension. Allows the commissioner to temporarily suspend a practitioner's right to practice if the commissioner finds that the practitioner's continued practice would create a serious risk of harm to others. Specifies subsequent notice and hearing requirements.

Subd. 6. Automatic suspension. Specifies that a practitioner's right to practice is automatically suspended if a guardian is appointed for the practitioner or if the practitioner is civilly committed. The right to practice remains suspended until the practitioner is restored to capacity and the commissioner terminates the suspension.

Subd. 7. Licensed or regulated practitioners. If a practitioner is licensed or regulated in another capacity, the commissioner may also take further action in that capacity or refer the matter to the appropriate board.

19 **Additional remedies.** Adds § 146A.10. Allows the commissioner to issue cease and desist orders and seek injunctive relief against practitioners when appropriate, and specifies that these remedies do not relieve a practitioner from criminal prosecution or other disciplinary action.

Subd. 1. Cease and desist. Allows the commissioner to issue cease and desist orders to stop practitioners from violating a statute, rule, or order of the office of unlicensed complementary and alternative health care practice. Makes the order final 15 days after issuance if the subject of the order does not request a hearing, and specifies hearing procedures. If a practitioner does not comply with a cease and desist order, allows the commissioner to bring suit in district court to enforce the order.

Subd. 2. Injunctive relief. Allows the commissioner to bring an action in district court for injunctive relief to stop a practitioner from violating a statute, rule, or order of the office.

Requires a temporary restraining order to be issued by the court if the practitioner's continued practice would create a serious risk of harm to others.

Subd. 3. Additional powers. States that a cease and desist order or injunction does not relieve a practitioner from criminal prosecution or other disciplinary action.

20 **Complementary and alternative health care client bill of rights.** Adds § 146A.11. Describes the required content of a client bill of rights that must be provided to each complementary and alternative health care client before services are provided, and requires all clients to acknowledge receipt of the bill of rights in writing before services are provided.

Subd. 1. Scope. Requires all unlicensed complementary and alternative health care practitioners to give each client a written copy of the complementary and alternative health care client bill of rights, and to post a copy of the bill of rights in the practitioner's office. Specifies the information the bill of rights must include.

Subd. 2. Acknowledgment by client. Requires all clients to acknowledge receipt of the bill of rights in writing before services are provided to the client.

21 **Exemptions.** Amends § 147.09. Amends a provision of the Medical Practice Act to specify that unlicensed complementary and alternative health care practitioners who practice according to chapter 146A cannot be criminally penalized for practicing medicine without a license.

22 **Approved continuing education sponsor.** Amends § 148.512, subd. 5. Technical, making terminology changes to conform to the changes made in section 27.

23 **Supervised clinical training required.** Amends § 148.515, subd. 3. Modifies the supervised clinical training requirements for speech-language pathologists and audiologists by making changes to the hour requirements for training in various subjects and adding subjects to the training requirements.

24 **Temporary registration.** Adds subd. 4 to § 148.517. Establishes a temporary registration for speech-language pathologists and audiologists, and requirements for temporary registration. Makes temporary registrations valid for 90 days, and allows them to be renewed once for good cause.

25 **Lapse of more than three years.** Amends § 148.518, subd. 2. Specifies two more routes by which an applicant whose registered status has lapsed for more than three years may apply to have the registration renewed.

26 **Number of contact hours required.** Amends § 148.5193, subd. 1. Technical, making terminology changes to conform to the changes in section 20.

27 **Continuing education provided by sponsors.** Amends § 148.5193, subd. 2. Specifies criteria that a continuing education activity must meet in order for the activity to be accepted by the commissioner of health.

28 **Earning continuing education contact hours through contact hour equivalents.** Amends § 148.5193, subd. 4. Technical, making changes in how a registrant earns contact hour equivalents to conform to the changes in section 27.

29 **Records of attendance.** Amends § 148.5193, subd. 6. Requires a registered speech-language pathologist or audiologist to keep continuing education attendance records for four years.

30 **Verification of attendance.** Adds subd. 6a to § 148.5193. Requires a registrant applying for renewal to submit verification of continuing education attendance. Specifies what constitutes attendance verification for various types of continuing education activities.

31 **Duties.** Amends § 148.5196, subd. 3. Technical, making wording changes to conform to the changes in section 27.

32 **Unlicensed mental health practitioner or practitioner.** Amends § 148B.60, subd. 3. Amends

the definition of unlicensed mental health practitioner to exclude American Indian medicine men and women, licensed attorneys, probation officers, school counselors employed by a school district, registered occupational therapists, and occupational therapy assistants from the definition.

- 33 **Prohibited conduct.** Amends § 148B.68, subd. 1. Adds bartering for services with a client to the list of conduct that is prohibited for unlicensed mental health practitioners.
- 34 **Release to obtain nonpublic data.** Adds subd. 7 to § 148B.69. Requires an unlicensed mental health practitioner who is being investigated by the office of mental health practice to authorize the commissioner to obtain criminal conviction data and information about violations of statutes and rules from state and federal agencies and departments. After obtaining the authorization, requires state and federal agencies and departments that have data on the individual being investigated to give the commissioner access to the requested data.
- 35 **Scope.** Amends § 148B.71, subd. 1. Specifies that an unlicensed mental health practitioner who provides services in a program licensed by the commissioner of health or the commissioner of human services is exempt from the requirement to provide the mental health client bill of rights to clients (current law only exempts unlicensed mental health practitioners practicing in government facilities from this requirement).
- 36 **Alcohol and drug counselor.** Amends § 148C.01, subd. 2. Expands the protected titles for licensed alcohol and drug counselors, to include "any initials" that indicate the title alcohol and drug counselor.
- 37 **Accredited school or educational program.** Amends § 148C.01, subd. 7. Modifies the definition of "accredited school or educational program" that an applicant for licensure as an alcohol and drug counselor must have completed to be eligible for licensure.
- 38 **Core functions.** Amends § 148C.01, subd. 9. Modifies the definition of "assessment" in the core functions in which an alcohol and drug counselor engages.
- 39 **Practice of alcohol and drug counseling.** Amends § 148C.01, subd. 10. Adds "gaining cultural competence through ongoing training and education" to the definition of the activities which encompass the practice of alcohol and drug counseling.
- 40 **Psychometrically valid and reliable.** Adds subd. 18 to § 148C.01. Defines "psychometrically valid and reliable" for the chapter on alcohol and drug counselor licensure.
- 41 **General.** Amends § 148C.03, subd. 1. In a subdivision establishing duties of the commissioner of health related to licensure of alcohol and drug counselors, allows the commissioner to contract with an entity designated by the commissioner for the administration of a licensing examination, and strikes language requiring the examination to be approved by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse. Requires the examinations to be psychometrically valid and reliable, and requires the oral examinations to be based on a written case presentation.
- 42 **Licensing requirements for the first five years.** Amends § 148C.04, subd. 3. Extends the transitional period (under which an applicant may be licensed after meeting a different set of licensing criteria) by one month, from two years to 25 months.
- 43 **Temporary practice requirements.** Adds subd. 6 to § 148C.04. Allows individuals to temporarily practice alcohol and drug counseling before being licensed, and specifies the requirements that must be met to allow temporary practice. Allows a person's temporary practice status to be extended, and prohibits a person practicing under temporary practice from holding oneself out as licensed. Limits the settings in which a person licensed under this subdivision may practice, and establishes additional requirements.
- 44 **Effect and suspension of temporary practice.** Adds subd. 7 to § 148C.04. Specifies that

approving a person's application to engage in temporary practice under subdivision 6 does not create a right of approval for licensure as a drug and alcohol counselor. Allows the commissioner to suspend or restrict a person's temporary practice status.

45 **Qualifications.** Amends § 148C.06, subd. 1. Amends the qualifications for licensure as a drug and alcohol counselor during a transitional period, to allow an applicant for licensure to be licensed if the applicant is credentialed by the Institute for Chemical Dependency Professionals of Minnesota and:

graduates from an accredited education program in alcohol and drug counselor studies with a minimum of 270 hours of classroom education and 880 hours of alcohol and drug counselor internship, and passes written and oral examinations; or
has 2,080 hours of supervised alcohol and drug counselor experience, 270 hours of training, and 300 hours of alcohol and drug counselor internship, and completes specified examination requirements.

Extends the transitional period by one month, from two years to 25 months. Also strikes language allowing applicants to be licensed if they meet special licensing criteria.

46 **Documentation of status; certain applicants.** Amends § 148C.06, subd. 2. Requires applicants who have 6,000 to 10,000 hours of supervised alcohol and drug counselor experience, and who meet other specified criteria, to be deemed eligible for licensure within the transition period if: the application was made before January 28 of this year; the required exams were passed before January 28 of this year; and all other licensure requirements are met.

47 **Grounds.** Amends § 148C.09, subd. 1. Modifies grounds for disciplinary action for alcohol and drug counselors to establish a two-year lookback period for disciplinary actions related to past or present overuse of alcohol and improper drug use.

48 **Background investigation.** Amends § 148C.09, subd. 1a. Specifies that the kind of reports which must be submitted to the commissioner as part of a background check includes reports of substantiated maltreatment of minors and vulnerable adults, rather than reports of abuse or neglect of clients.

Also allows the commissioner of health to contract with the commissioner of human services to obtain criminal history data on applicants for licensure as drug and alcohol counselors, when performing background checks on applicants as part of the licensure process.

49 **Practice allowed; certain individuals.** Adds subd. 1a to § 148C.10. Permits a person to practice as an alcohol and drug counselor until the commissioner either issues a license or denies the license application, as long as the person applied for the license or the required exams before January 28 of this year and the person meets the other criteria specified in this provision. Specifies that allowing a person to practice under this provision does not create a right of approval for licensure as an alcohol and drug counselor. Also allows the commissioner to suspend or restrict a person's right to practice under this provision.

50 **Other professionals.** Amends § 148C.11, subd. 1. Clarifies the relationship of other professionals, who may engage in alcohol and drug counseling if it is a function for which they are qualified or licensed, to licensed alcohol and drug counselors. Provides that a person engaged in alcohol and drug counseling is not exempt from the commissioner of health's jurisdiction just because the person uses an alcohol and drug counselor title.

51 **Supervision.** Amends § 153A.13, subd. 9. Modifies the definition of supervision for the chapter certifying hearing instrument dispensers, to specify that supervision need not be on-site observation of activities.

52 **Direct supervision or directly supervised.** Adds subd. 10 to § 153A.13. Defines "direct supervision or directly supervised" for the chapter certifying hearing instrument dispensers.

- 53 **Indirect supervision or indirectly supervised.** Adds subd. 11 to § 153A.13. Defines "indirect supervision or indirectly supervised" for the chapter certifying hearing instrument dispensers.
- 54 **Application for certificate.** Amends § 153A.14, subd. 1. Requires applicants for certification as hearing instrument dispensers to be 21 years old, rather than 18 as in current law.
- 55 **Exemption from written examination requirement.** Amends § 153A.14, subd. 2a. Exempts people who have satisfied the requirements for registration as an audiologist from the written examination requirements for hearing instrument dispenser certification (Note: current law exempts people who have completed the audiologist registration requirements from all hearing instrument dispenser examination requirements). This has the effect of requiring people qualified to be registered audiologists to complete the practical examination for hearing instrument dispensing.
- 56 **Certification by examination.** Amends § 153A.14, subd. 2h. Prohibits applicants for certification as a hearing instrument dispenser from taking any part of the certification examination more than three times per two-year period.
- 57 **Dispensing of hearing instruments without certificate.** Amends § 153A.14, subd. 4. Specifies that a person who has applied for certification as a hearing instrument dispenser, has dispensed hearing instruments in another jurisdiction, and follows the required procedures for certification by reciprocity is not dispensing hearing instruments without a certificate and is not engaging in gross misdemeanor activity.
- 58 **Trainees.** Amends § 153A.14, subd. 4a. Prohibits a certified hearing instrument dispenser from directly supervising more than one trainee at a time. Requires trainees to be directly supervised until they have passed the required practical examination. After passing the practical examination, allows trainees to dispense under indirect supervision. Strikes language that requires a specific number of hours of on-site observation by the trainee's supervisor.
- 59 **Reciprocity.** Adds subd. 4c to § 153A.14. Allows a person who has applied for certification as a hearing instrument dispenser and has dispensed hearing instruments in another jurisdiction to dispense as a trainee under indirect supervision if the person meets the requirements for practicing as a trainee, swears to not be the subject of any current or past disciplinary actions, swears to not be disqualified from certification, and provides a copy of a current credential from another jurisdiction. If the person fails to pass the practical examination when it is next offered, requires the person to stop dispensing under this subdivision.
- 60 **Expiration of trainee period.** Adds subd. 4d to § 153A.14. Makes the trainee period automatically expire two months after the trainee passes the required written and practical examinations.
- 61 **Prohibited acts.** Amends § 153A.15, subd. 1. Prohibits hearing instrument dispensers from dispensing a hearing instrument to a person age 18 or younger unless an audiologist evaluates the person's hearing and need for a hearing aid. Renumbers the remaining clauses listing prohibited acts.
- 62 **Health-related licensing board.** Amends § 214.01, subd. 2. Chapter 214 establishes various requirements for state-regulated occupations. This section adds the office of unlicensed complementary and alternative health care practice to the definition of "health-related licensing board" for the chapter, making the office subject to the provisions of this chapter that relate to health-related licensing boards.
- 63 Amends Laws 1999, chapter 223, article 2, section 81 (Board of boxing sunset). This section changes the sunset for the board of boxing from July 1, 2000 to July 1, 2001.
- 64 **Employee health insurance.** Requires the commissioner of health, by January 15, 2002, to present to the relevant legislative committee chairs recommendations for providing employer-

subsidized affordable health insurance to employees at programs and facilities that serve the elderly and disabled. Permits the commissioner to also examine the affordability and availability of health insurance coverage for lower-income Minnesotans generally. Requires the commissioner to consult with affected employers, consumers and providers, and permits the commissioner to require facilities to provide information on health insurance offered to their employees.

65 **Report to the legislature.** By January 1, 2003, requires the commissioner of health to provide the legislature with information on complaints received against practitioners, the types of practitioners complained against the number of investigations conducted, and enforcement actions.

66 **Repealer.** Repeals the following subdivisions:

148.5193, subds. 3 and 5, relating to the approval of continuing education sponsors, and continuing education offered by an unapproved sponsor.

148C.04, subd. 5, relating to additional requirements for licensure for alcohol and drug counselors.

67 **Effective date.** Makes all sections in the bill that relate to complementary and alternative medicine effective July 1, 2001. Makes all other sections in this bill immediately effective.